

EXHIBIT E

ACORD BUSINESS AUTO SECTION										OP ID: C1		DATE (MM/DD/YY) 12/04/12																					
PRODUCER PHONE (A/C, No, Ext): 205-823-2300 FAX NO. (A/C, No, Ext): 205-822-0241 Clark Associates Inc. 2229 Rocky Ridge Rd. Birmingham, AL 35216 Royal R. Glasscock				APPLICANT (First Named Insured) Piggly Wiggly Alabama																													
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: PWALD-1				EFFECTIVE DATE 08/01/11		EXPIRATION DATE 08/01/12		DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		PAYMENT PLAN 25% + 10		AUDIT																					
FOR COMPANY USE ONLY																																	
COVERAGES/LIMITS																																	
COVERAGES		COVERED AUTO SYMBOLS				LIMITS				COVERAGES		COVERED AUTO SYMBOLS				LIMITS																	
LIABILITY		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ _____ PROPERTY DAMAGE \$ _____				RENTAL REIMPU		ALL VEH				\$75.00 PER DAY																	
		<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8				OR EQUIVALENT NO-FAULT COVERAGE \$ _____ DEDUCTIBLE						FELLOW EMPL				ALL VEH				\$1,000,000 LIM													
		ADDITIONAL P.I.P. <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				TOTAL W/C \$ _____ M/E \$ _____						TOWING & LABOR				<input type="checkbox"/> 3 <input type="checkbox"/> 7 \$ _____																	
MEDICAL PAYMENTS		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8				EACH PERSON \$ 5,000				COMPREHENSIVE		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																					
UNINSURED MOTORIST		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 100,000 BI EACH ACCIDENT \$ _____ PROPERTY DAMAGE \$ _____				SPECIFIED CAUSES OF LOSS		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																					
UNDERINSURED MOTORIST		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 100,000 BI EACH ACCIDENT \$ _____ PROPERTY DAMAGE \$ _____				COLLISION		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																					
HIRED/BORROWED LIABILITY		STATES AL GA TN FL MS				COST OF HIRE \$ _____ <input checked="" type="checkbox"/> IF ANY BASIS				HIRED PHYSICAL DAMAGE		STATES		# DAYS		# VEH		COVERAGE/DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 1,000 <input type="checkbox"/> SPEC C OF L \$ _____ <input checked="" type="checkbox"/> COLL \$ 1,000															
NON-OWNED LIABILITY		STATES AL GA TN FL MS				GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS						NUMBER OF		AL MS		GA TN		FL															
												250																					
ENDORSEMENTS, FORMS, CONDITIONS														PIP Per/Acc Limits:																			
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS														(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M LAW										(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS									
DRIVER INFORMATION (include drivers who frequently use own vehicles)																																	
DRIVER #		NAME (include address, if required)				DATE OF BIRTH		YEAR LIC		DRIVERS LICENSE NUMBER/SOCIAL SECURITY NUMBER				STATE LIC		USE VEH #		% USE															
001		SEE LIST On Document																															
VEHICLE DESCRIPTION																																	
VEH #		YEAR		MAKE: FLEET				BODY TYPE:				SYM/AGE		COST NEW																			
001				MODEL: AUTOMATIC				V.I.N.: SEE AUTO SCHEDULE DOCUMENT						\$																			
CITY, STATE, ZIP WHERE GARAGED				TERR		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM															
DRIVE TO WORK/SCHOOL		USE		COMM		CHECK COVERAGES		ADD'L PIP		<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR		F		LSP		DEDUCTIBLES		<input checked="" type="checkbox"/> ACV <input checked="" type="checkbox"/> COMP <input type="checkbox"/> SPEC C OF L															
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB		<input checked="" type="checkbox"/> MED PAY		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		\$ VRS															
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input checked="" type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		\$				\$ VRS COLL															
ACORD 127 (2/95)														PLEASE COMPLETE REVERSE SIDE																			
														© ACORD CORPORATION 1993																			

PWALD-1 OP ID: C1

VEHICLE DESCRIPTION (continued)														
VEH #	YEAR	MAKE: Various	BODY TYPE: Trailers		SYM/AGE		COST NEW							
ADD		MODEL: PPT's and	V.I.N.:				\$							
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L		
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	AA	ST AMT	\$			
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR		FTW	COLL	\$				\$	COLL
VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE		COST NEW							
		MODEL:	V.I.N.:				\$							
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L		
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	AA	ST AMT	\$			
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR		FTW	COLL	\$				\$	COLL
VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE		COST NEW							
		MODEL:	V.I.N.:				\$							
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L		
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	AA	ST AMT	\$			
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR		FTW	COLL	\$				\$	COLL
VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE		COST NEW							
		MODEL:	V.I.N.:				\$							
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L		
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	AA	ST AMT	\$			
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR		FTW	COLL	\$				\$	COLL
VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE		COST NEW							
		MODEL:	V.I.N.:				\$							
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L		
UNDER 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	AA	ST AMT	\$			
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR		FTW	COLL	\$				\$	COLL
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH acord 45 FOR ADDITIONAL NAMES)														
INTEREST	RANK: 001	NAME AND ADDRESS	REFERENCE #:	<input checked="" type="checkbox"/>	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
<input checked="" type="checkbox"/> ADDITIONAL INSURED		Transportation Support, Inc. Jim Henderson 721 Gadsden Highway Birmingham, AL 35235			TRANS02	LOCATION: BUILDING:								
<input type="checkbox"/> LOSS PAYEE	VEHICLE: BOAT:													
<input type="checkbox"/> MORTGAGEE	SCHEDULED ITEM NUMBER:													
<input type="checkbox"/> LIENHOLDER	OTHER All Vehicle													
<input type="checkbox"/> EMPLOYEE AS LESSOR														
ITEM DESCRIPTION: Liability Only (lease drivers only)														
GENERAL INFORMATION														
EXPLAIN ALL "YES" RESPONSES				YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				<input checked="" type="checkbox"/>				
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				<input checked="" type="checkbox"/>		8. ANY HOLD HARMLESS AGREEMENTS?				<input checked="" type="checkbox"/>				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?				<input checked="" type="checkbox"/>		9. ANY VEHICLES USED BY FAMILY MEMBERS? (IF SO, IDENTIFY IN REMARKS.				<input checked="" type="checkbox"/>				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?				<input checked="" type="checkbox"/>				
4. ARE ANY VEHICLES LEASED TO OTHERS?				<input checked="" type="checkbox"/>		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				<input checked="" type="checkbox"/>				
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?				<input checked="" type="checkbox"/>		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				<input checked="" type="checkbox"/>				
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?				<input checked="" type="checkbox"/>		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				<input checked="" type="checkbox"/>				
7. ARE ICC, PUC OR OTHER FILINGS REQUIRED?				<input checked="" type="checkbox"/>		14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?				<input checked="" type="checkbox"/>				
DESCRIPTION OF GARAGE/STORAGE LOCATIONS										MAXIMUM DOLLAR VALUE SUBJECT TO LOSS				
REMARKS Vehicle Schedule is on Document shown as 2-15-07 Auto Schedule - 2006 Rating based on 167 Trailers 52 PPT and 98 Tractors														
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)														
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.														
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input checked="" type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR REJECTING COVERAGE ENTIRELY.				
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.										1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE) 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE) 5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)				
ACORD 127 (2/96) ATTACH TO APPLICANT INFORMATION SECTION														

PWALD-1

OP ID: C1

Piggly Wiggly Alabama

ADDITIONAL VEHICLE INFORMATION

VEHICLE #											3
001	OPT CODES:					OPT CODES:					
	LIAB	EP	1,000,000	EA	PD	UNINS MOTOR	EP	100,000	EA	PD	
	OPT CODES:					OPT CODES:					
	PIP	EP		EA	DED	UNDRINS MOTOR	EP	100,000	EA	PD	
	OPT CODES:					OPT CODES:					
	ADD PIP	WC		ME	TOT	TOWING & LABOR LIMIT					
	OPT CODES:					OTHER COVERAGE					
	MED PAY	EA	5,000								
	OPT CODES:					OPT CODES:					
	LIAB	EP		EA	PD	UNINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	PIP	EP		EA	DED	UNDRINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	ADD PIP	WC		ME	TOT	TOWING & LABOR LIMIT					
	OPT CODES:					OTHER COVERAGE					
	MED PAY	EA									
	OPT CODES:					OPT CODES:					
	LIAB	EP		EA	PD	UNINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	PIP	EP		EA	DED	UNDRINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	ADD PIP	WC		ME	TOT	TOWING & LABOR LIMIT					
	OPT CODES:					OTHER COVERAGE					
	MED PAY	EA									
	OPT CODES:					OPT CODES:					
	LIAB	EP		EA	PD	UNINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	PIP	EP		EA	DED	UNDRINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	ADD PIP	WC		ME	TOT	TOWING & LABOR LIMIT					
	OPT CODES:					OTHER COVERAGE					
	MED PAY	EA									
	OPT CODES:					OPT CODES:					
	LIAB	EP		EA	PD	UNINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	PIP	EP		EA	DED	UNDRINS MOTOR	EP		EA	PD	
	OPT CODES:					OPT CODES:					
	ADD PIP	WC		ME	TOT	TOWING & LABOR LIMIT					
	OPT CODES:					OTHER COVERAGE					
	MED PAY	EA									

ATTACH TO COMMERCIAL BUSINESS AUTO APPLICATION